



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care



NATIONAL
QUALITY MEASURES
CLEARINGHOUSE

General

Title

Antipsychotic use in persons with dementia: percentage of individuals 65 years and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.

Source(s)

Pharmacy Quality Alliance (PQA). Technical specifications for PQA approved measures. Springfield (VA): Pharmacy Quality Alliance (PQA); 2015 Jul. 66 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of individuals 65 years and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.

Rationale

There is growing public concern about psychotropic use in elderly patients. Recent studies have identified higher rates of morbidity and mortality when patients with dementia are treated with antipsychotic agents.

Serious safety concerns related to anti-psychotic use in the elderly are increasing. In particular, the health consequences of prescribing antipsychotic drugs for elderly patients with dementia are quite large, with side effects related to both increased morbidity (cardiovascular events such as heart attack and stroke) and risk of death. In 2005, the FDA issued an advisory requiring manufactures of atypical

antipsychotic drugs to include a black-box warning. (Chen et al., 2010) The intent was to warn prescribers and consumers that the use of these drugs is not indicated in patients with dementia given the increased risk of mortality. A follow-up 2007 Agency for Healthcare Research and Quality (AHRQ) report which assessed off-label use of atypical antipsychotic drugs also found that all atypical antipsychotic drugs increase risk of death for elderly persons with dementia. (Department of Health and Human Services [DHHS], 2011)

Evidence for Rationale

Chen Y, Briesacher BA, Field TS, Tjia J, Lau DT, Gurwitz JH. Unexplained variation across US nursing homes in antipsychotic prescribing rates. Arch Intern Med. 2010 Jan 11;170(1):89-95. [PubMed](#)

Department of Health and Human Services (DHHS). Office of Inspector General, Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents. [internet]. 2011 [accessed 2012 Aug 07].

Kuhle J. (Senior Director Performance Measurement, Pharmacy Quality Alliance). Personal communication. 2013 Oct 29. 3 p.

Primary Health Components

Antipsychotic medication; dementia; psychotic disorders; older adults

Denominator Description

Patients 65 years and older with either a diagnosis of dementia and/or two or more prescription claims and greater than 60 days supply for a cholinesterase inhibitor or an N-methyl-D-aspartate (NMDA) receptor antagonist (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of patients in the denominator who had at least one prescription AND greater than 30 days supply for any antipsychotic medication during the measurement period and do not have a diagnosis for schizophrenia, bipolar disorder, Huntington's disease or Tourette's syndrome (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

This measure was pilot tested during measure development (see process below), which included reliability and validity testing.

Process for Development and Testing of Performance Measures

Step 1: Pharmacy Quality Alliance (PQA) workgroups identify measure concepts that may be appropriate for development into fully specified performance measures. The workgroups focus on specific aspects of the medication-use system and/or specific therapeutic areas. The workgroups are open to all members of PQA and use a consensus-based approach to identify, prioritize and recommend the measure concepts that are deemed to be highly important for supporting quality improvement related to medications.

Step 2: The measure concepts that are recommended for further development through a vote by the PQA workgroups are forwarded to the PQA Quality Metrics Expert Panel (QMEP) for evaluation and refinement. The QMEP reviews the measure concepts to provide an initial assessment of the key properties of performance measures (i.e., feasibility, usability and scientific validity). The measure concepts that are rated highly on these key properties will then undergo technical specification.

Step 3: The draft measure is provided to PQA member organizations for their comments prior to preparing technical specifications for pilot testing. The QMEP reviews member comments, edits the draft measure accordingly and poses testing questions based on this all-member feedback.

Step 4: PQA selects partners to test the draft measure. These partners are often PQA member health plans or academic institutions with expertise in quality and performance measure testing. The testing partner implements the draft technical specifications with their existing datasets and provides a report to PQA that details testing results and recommendations for modifications of the technical specifications.

Step 5: The workgroup that developed the measure reviews the testing results and provides comment. The QMEP reviews the workgroup comments, testing results, recommendations and potential modifications and provides a final assessment of the feasibility and scientific validity of the draft performance measures.

Step 6: Measures that are recommended by the QMEP for endorsement are posted on the PQA web site for member review, written comments are requested, and a conference call for member organizations is scheduled to address any questions. This process allows members to discuss their views on the measures in advance of the voting period.

Step 7: PQA member organizations vote on the performance measure(s) considered for endorsement.

Evidence for Extent of Measure Testing

Pharmacy Quality Alliance (PQA). Process for development and testing of performance measures [available at <http://www.pqaalliance.org>]. Springfield (VA): Pharmacy Quality Alliance (PQA); 2014. 1 p.

State of Use of the Measure

State of Use

Pilot testing

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Other

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age equal to or greater than 65 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients 66 years and older as of the last day of the measurement year with either:

A diagnosis of dementia*
and/or

Two or more prescription claims and greater than 60 days supply for a cholinesterase inhibitor or an N-methyl-D-aspartate (NMDA) receptor antagonist*

Note:

Continuous Enrollment:

Using Enrollment Data: Subjects should be continuously enrolled during the measurement period. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled).

Proxy for Enrollment When Using Pharmacy-only Data: Two or more prescriptions for any medication, with 150 days between the first fill and the last fill, over a 12 month period.

Measurement Period: The patient's measurement period begins on the date of the first fill of the target medication (i.e., index date) and extends through the last day of the enrollment period or until death or disenrollment.

*Refer to Table Dementia A and Dementia B in the original measure documentation for dementia disease codes and NMDA receptor antagonists, respectively.

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of patients in the denominator who had at least one prescription AND greater than 30 days supply for any antipsychotic medication* during the measurement period and do not have a diagnosis for schizophrenia, bipolar disorder, Huntington's disease or Tourette's syndrome*

*Refer to Table Dementia C and Dementia D in the original measure documentation for antipsychotic medications and disease codes for specific psychotic disorders or related conditions, respectively.

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Pharmacy data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

None

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Antipsychotic use in persons with dementia.

Measure Collection Name

Pharmacy Quality Alliance (PQA) Measures

Measure Set Name

Medication Safety Measures

Submitter

Pharmacy Quality Alliance - Clinical Quality Collaboration

Developer

Pharmacy Quality Alliance - Clinical Quality Collaboration

Funding Source(s)

None

Composition of the Group that Developed the Measure

PQA Workgroup

Financial Disclosures/Other Potential Conflicts of Interest

None

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2013 Mar 06

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jul

Measure Maintenance

Annually

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source not available electronically.

For more information, contact the Pharmacy Quality Alliance (PQA) at 6213 Old Keene Mill Court, Springfield, VA 22152; Phone: 703-690-1987; Fax: 703-842-8150; Web site: www.pqaalliance.org
; Email: info@PQAalliance.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on August 4, 2014. The information was verified by the measure developer on September 24, 2014.

The information was reaffirmed by the measure developer on November 2, 2015.

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Production

Source(s)

Pharmacy Quality Alliance (PQA). Technical specifications for PQA approved measures. Springfield (VA): Pharmacy Quality Alliance (PQA); 2015 Jul. 66 p.

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